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CONFIRMATION NO. 9612

<b>SERIAL NUMBER</b> 10/564,576	<b>FILING OR 371(c) DATE</b> 05/11/2006 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 93008-2205
<b>APPLICANTS</b> Barbara Muller, Residence Not Provided;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/08178 07/21/2004				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10333455.6 07/22/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/02/2006				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 23
Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> 26304				
<b>TITLE</b> Dental insertion element of non-cylindrical shape				
<b>FILING FEE RECEIVED</b> 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	